

Bi-Weekly BDDS Meeting for Case Managers and Providers October 7, 2020



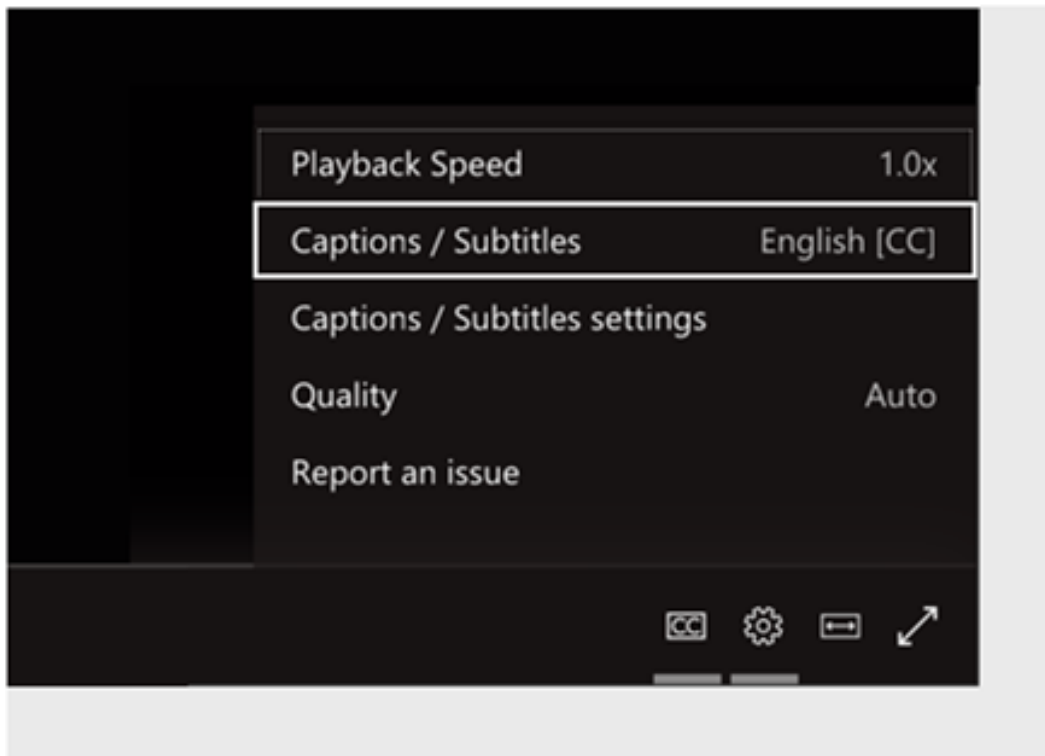
Before We Get Started...



How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





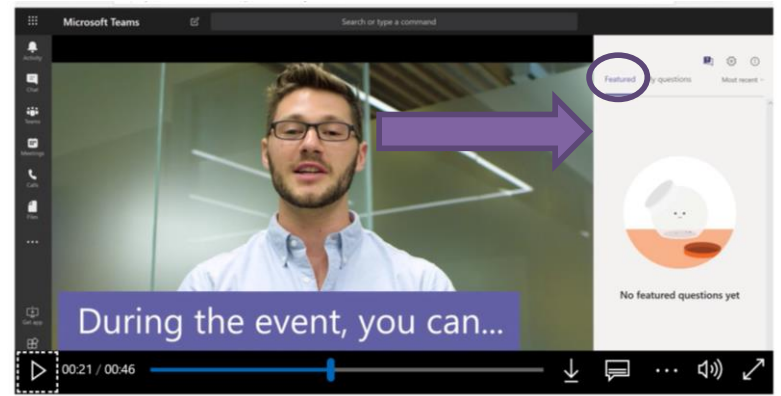
How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



Welcome and Today's Agenda

- Introductions
- DDRS Goals
- COVID-19 Data Update
- Back on Track - Stage 5
- COVID-19 Individual/Family Survey Results
- Scenarios



DDRS Goals for COVID-19 Efforts

Help prevent the spread of COVID-19 and keep people alive

Operationalize flexibilities

Provider network maintained

Empower person-centered decision-making for self-advocates, families, case managers, and providers

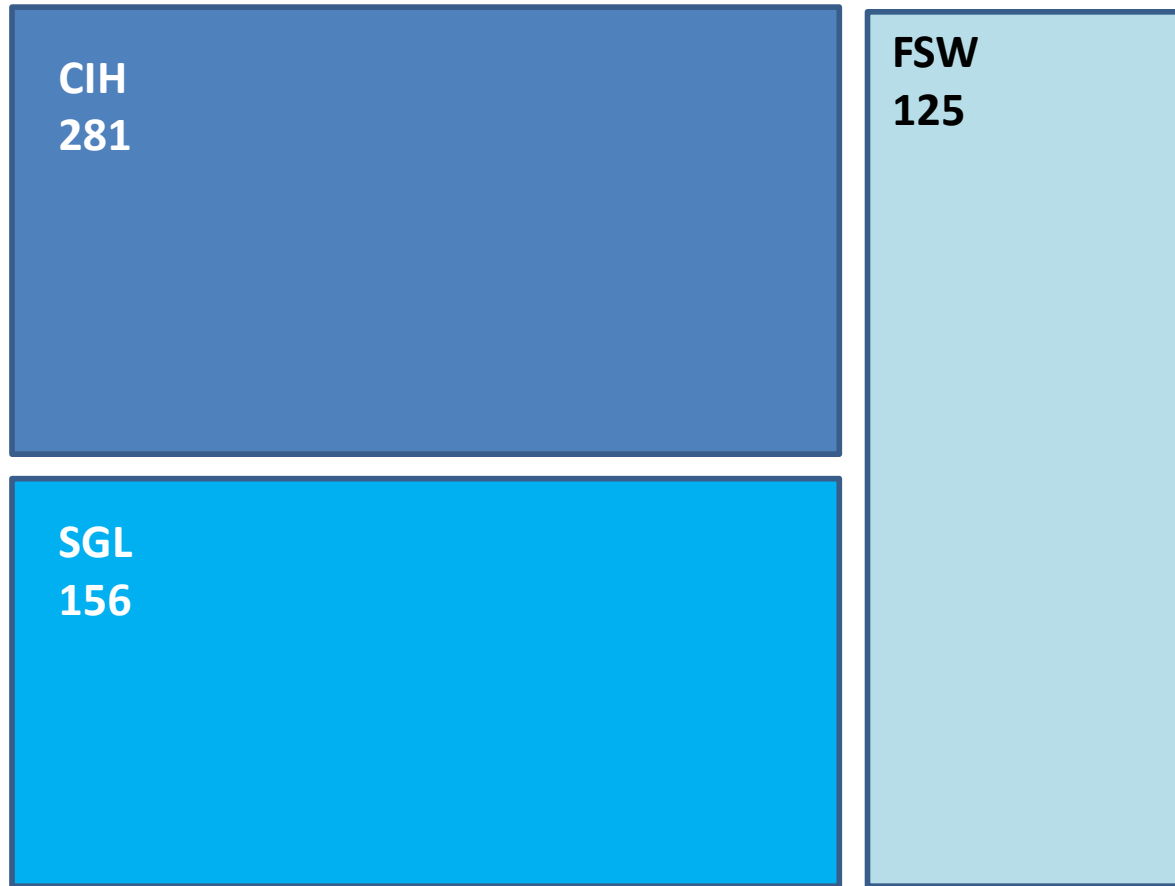


Image by: McChrystal Group & NASDDDS



COVID-19 Data:

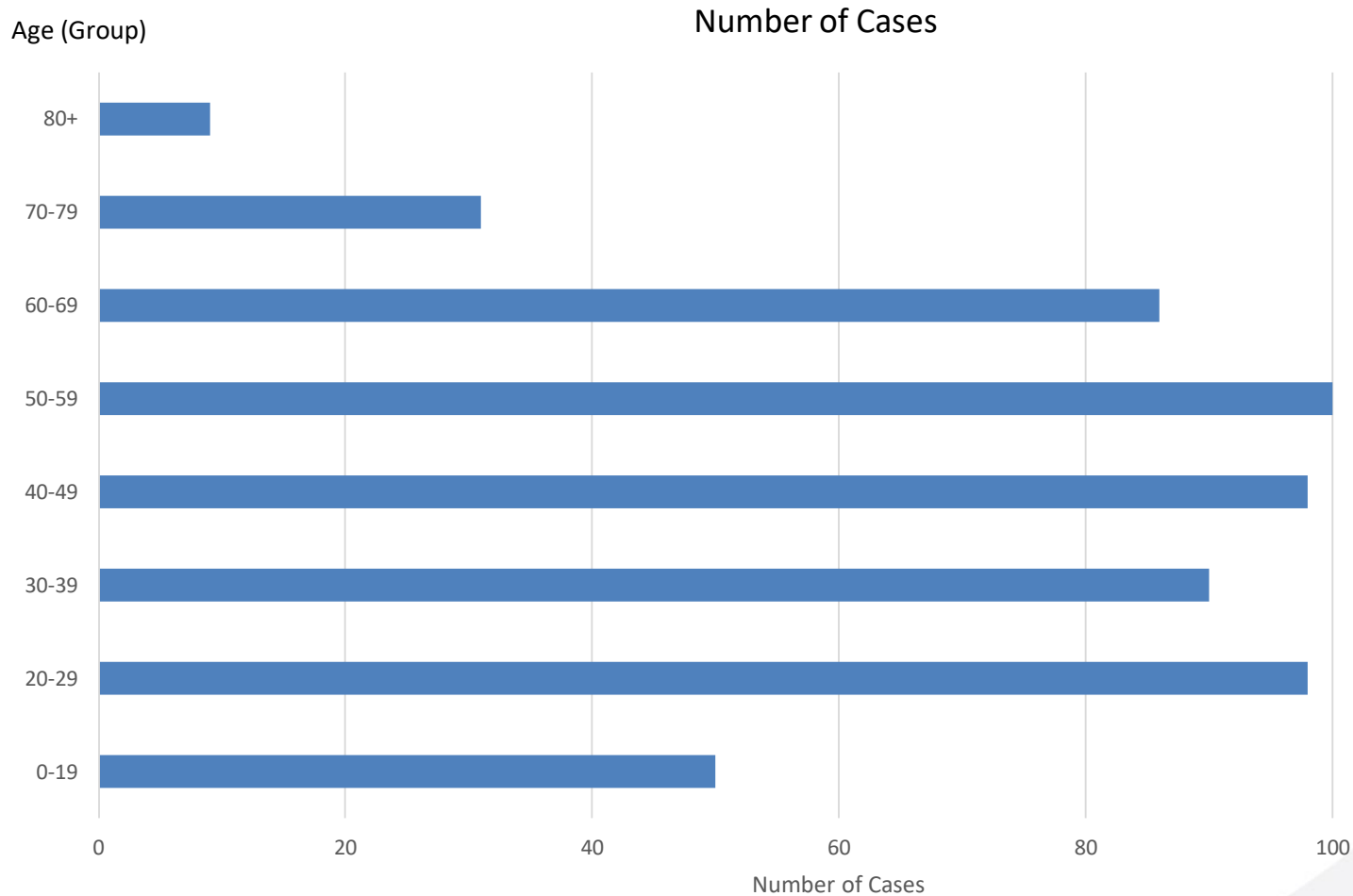
Total Number of BDDS COVID Positive Cases



Total Cases: 562
Total COVID-Related Deaths: 18



COVID-19 Data: Age Among Unique COVID Positive Cases

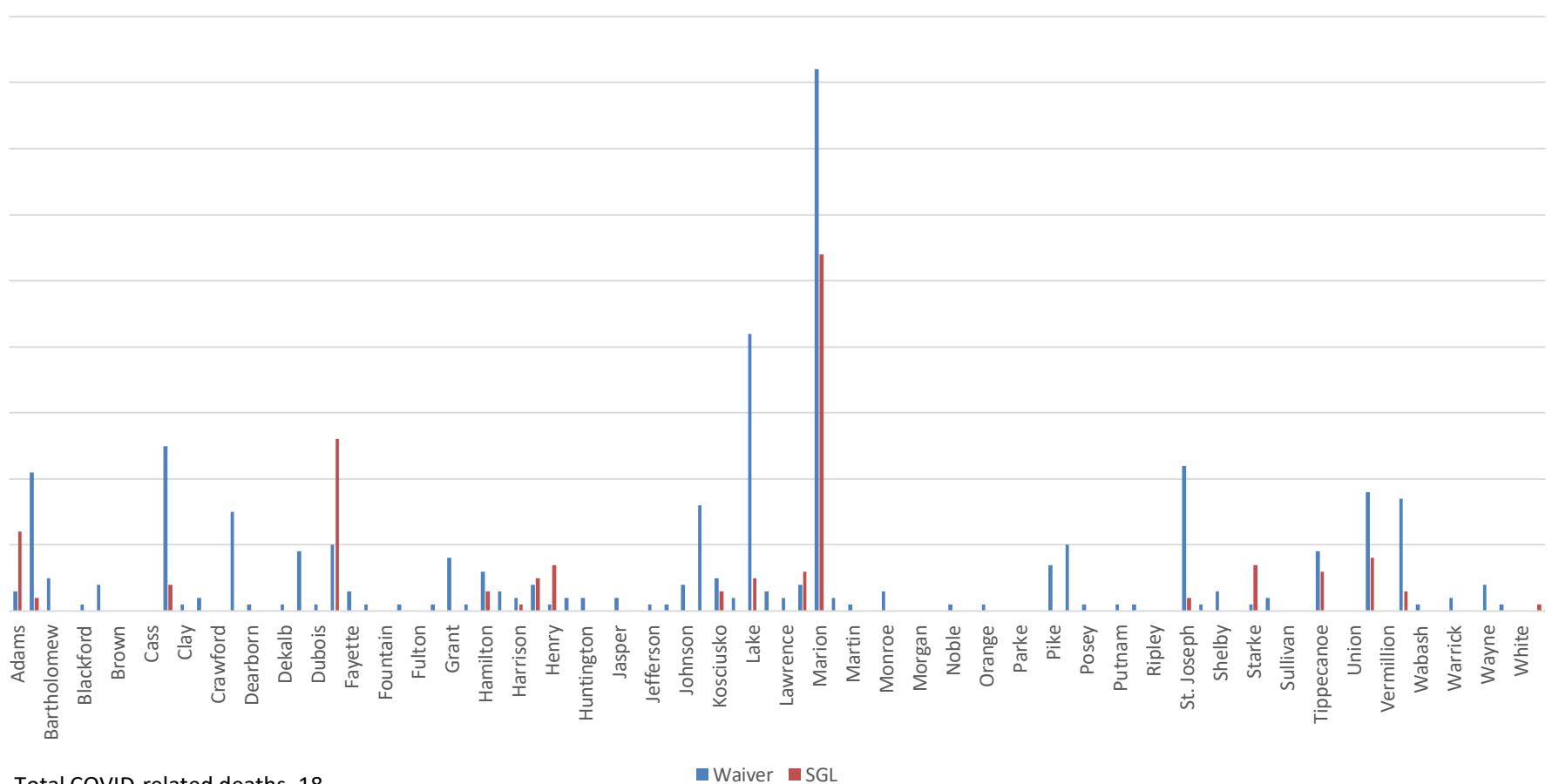


COVID-19 Data: Positive Individual Cases by County and Funding Type

Positive Individual Cases by County and Funding Type

Total Positive Cases = 562

Data as of 10/5/2020

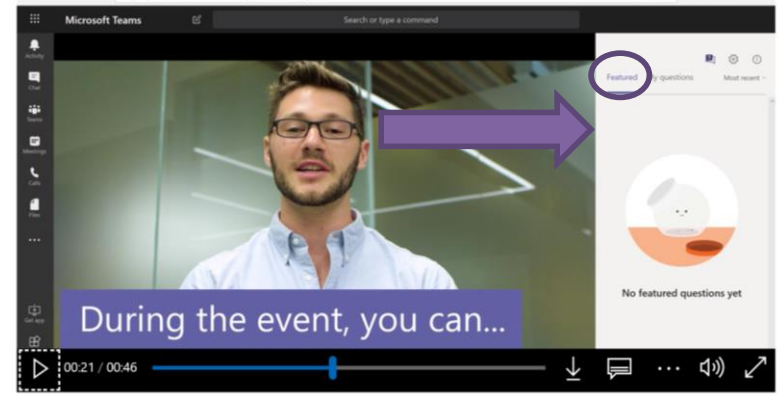


Total COVID-related deaths- 18



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Stage 5 September 26 – October 17



GUIDELINES FOR ALL HOOSIERS

- **Face coverings are required for all Hoosiers according to Executive Order 20-43**
- Maintain social distancing of 6 feet, especially in public spaces and when you are in close contact with others who are not members of your household
- Wash your hands frequently; use hand sanitizer when hand-washing is not available
- Do not go to work or other locations when you feel sick or symptomatic
- Hoosiers 65 and older and those with known high-risk medical conditions should remain vigilant about protecting their exposure to COVID



Stage 5 September 26 – October 17



ISDH GUIDELINES FOR LONG-TERM CARE FACILITIES

BDDS recognizes that many providers of Supervised Group Living have modeled their policies after LTCF therefore we share the following:

- All facilities are **mandated to provide outdoor visitation** unless they have an outbreak and while outbreak testing continues.
- Outdoor visitation is preferred when possible.
- All facilities should **support and accommodate indoor visitation** (especially for inclement weather and when residents are unable to go outside due to their medical condition) unless;
 - There has been a new case in the last 14 days and the facility is currently doing outbreak testing.
 - The county positivity rate (according to the CDC-provided positivity rates) is >10%



Considerations for Providers

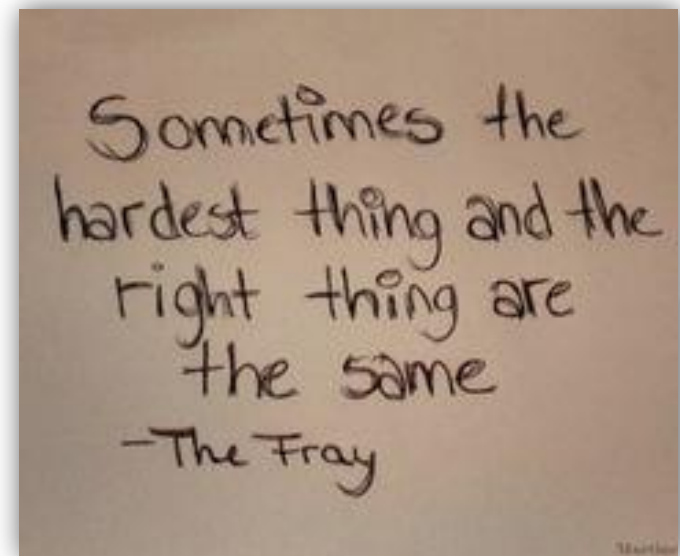
As providers continue to develop policies and make tough decisions the following resources may be helpful as an aide in balancing public health with individualized services:

- **Governor Holcomb's Recent & Active Executive Orders**
 - Includes information on mandatory face coverings, exemptions and state mandates
- **Indiana Department of Health Dashboard: County Metrics Map**
 - Provides weekly color coded scoring map of each counties assigned score based upon weekly cases per 100,000 and its 7 day positivity rate
- **Centers for Disease Control & Prevention COVID-19 Information and Resources**
 - Provides a number of information and resources related to face coverings, travel, daily life, school, healthcare facilities and MORE!



Ensuring Delivery of *Individualized* Person-Centered Services

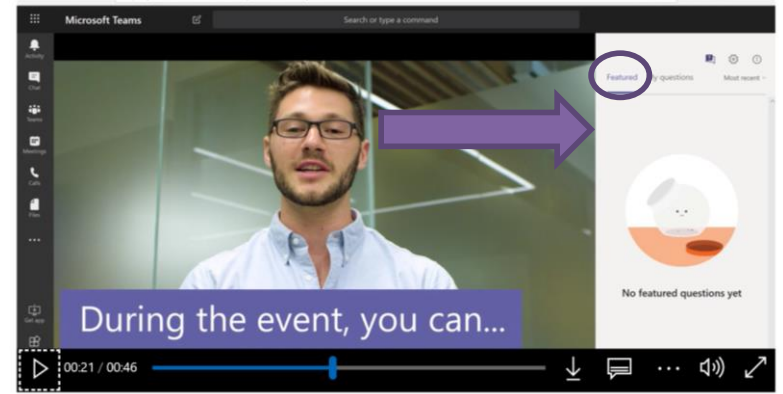
- No Blanket Restrictions
- Providing real & *true* informed choice
- Allowing for dignified risk
- Showing appreciation that you are in their home
- Respecting their beliefs, values and choices
- Amplifying their voice





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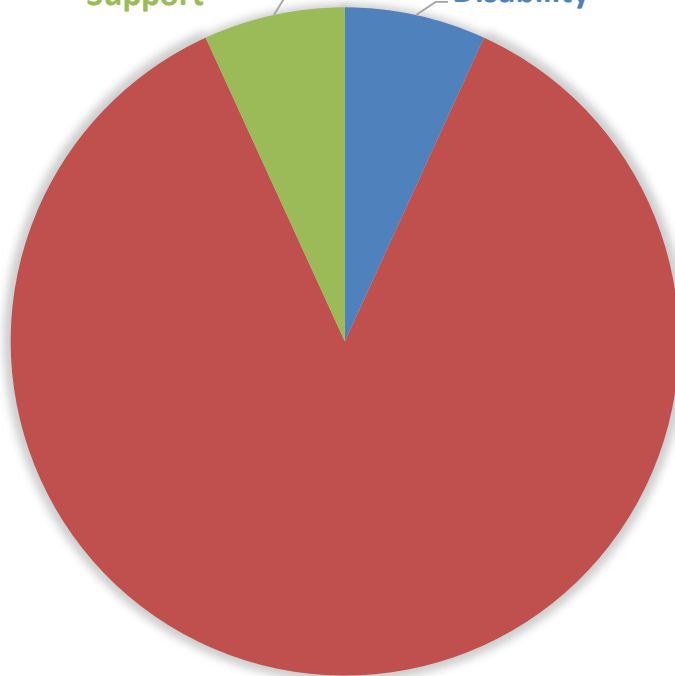
Individual & Family Survey-Waiver

How has COVID-19 impacted your waiver services?

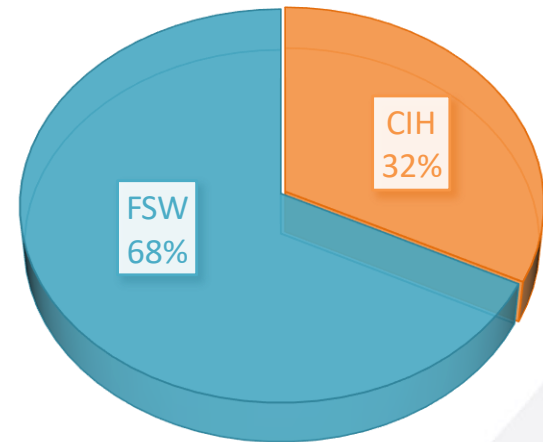
424 Total Responses

Friend/Family/Natural
Support

Individual with a
Disability



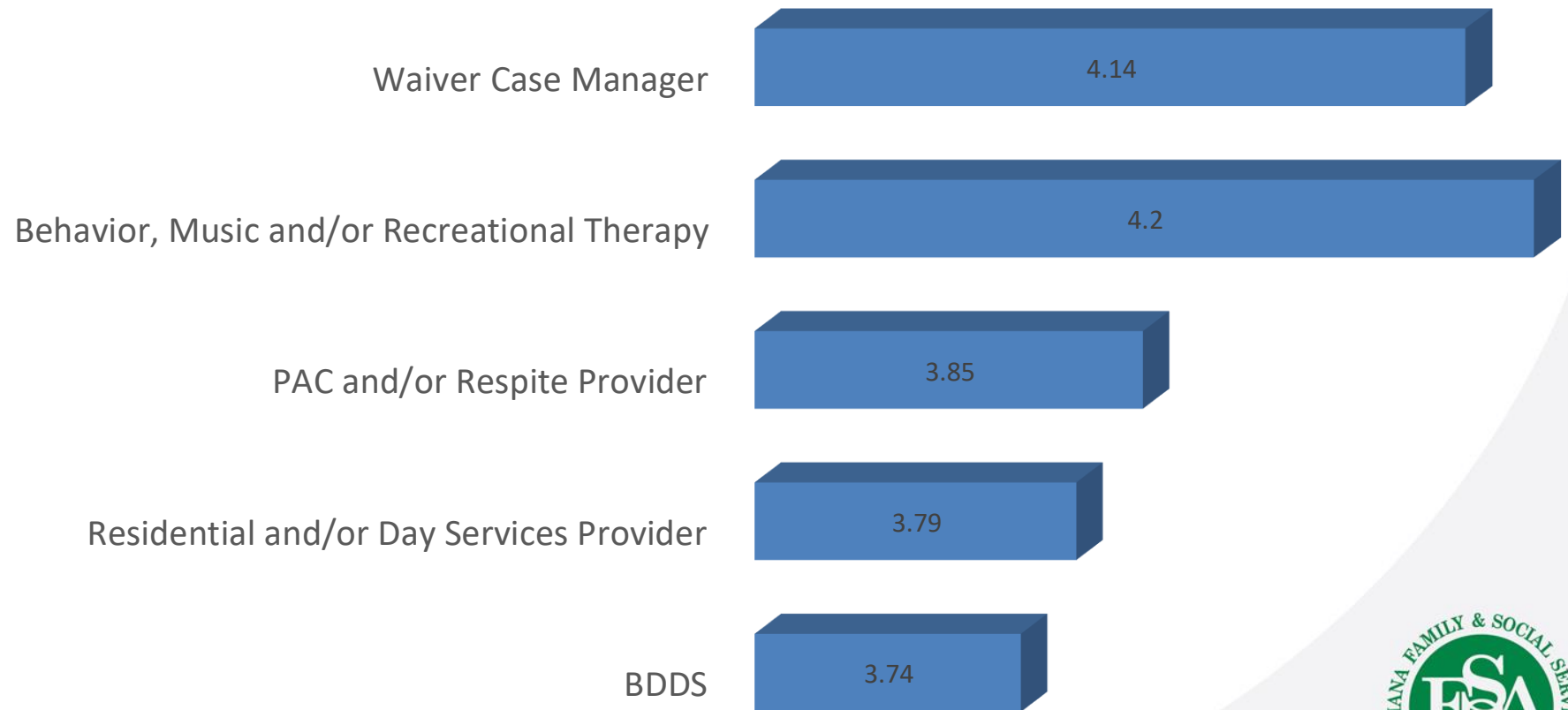
Parent/Guardian





Individual & Family Survey-Waiver

On a scale from 1-5, how would you rate the communication from...





Individual & Family Survey-Waiver

How would you rate the ability and willingness of your waiver service provider to meet your specific?



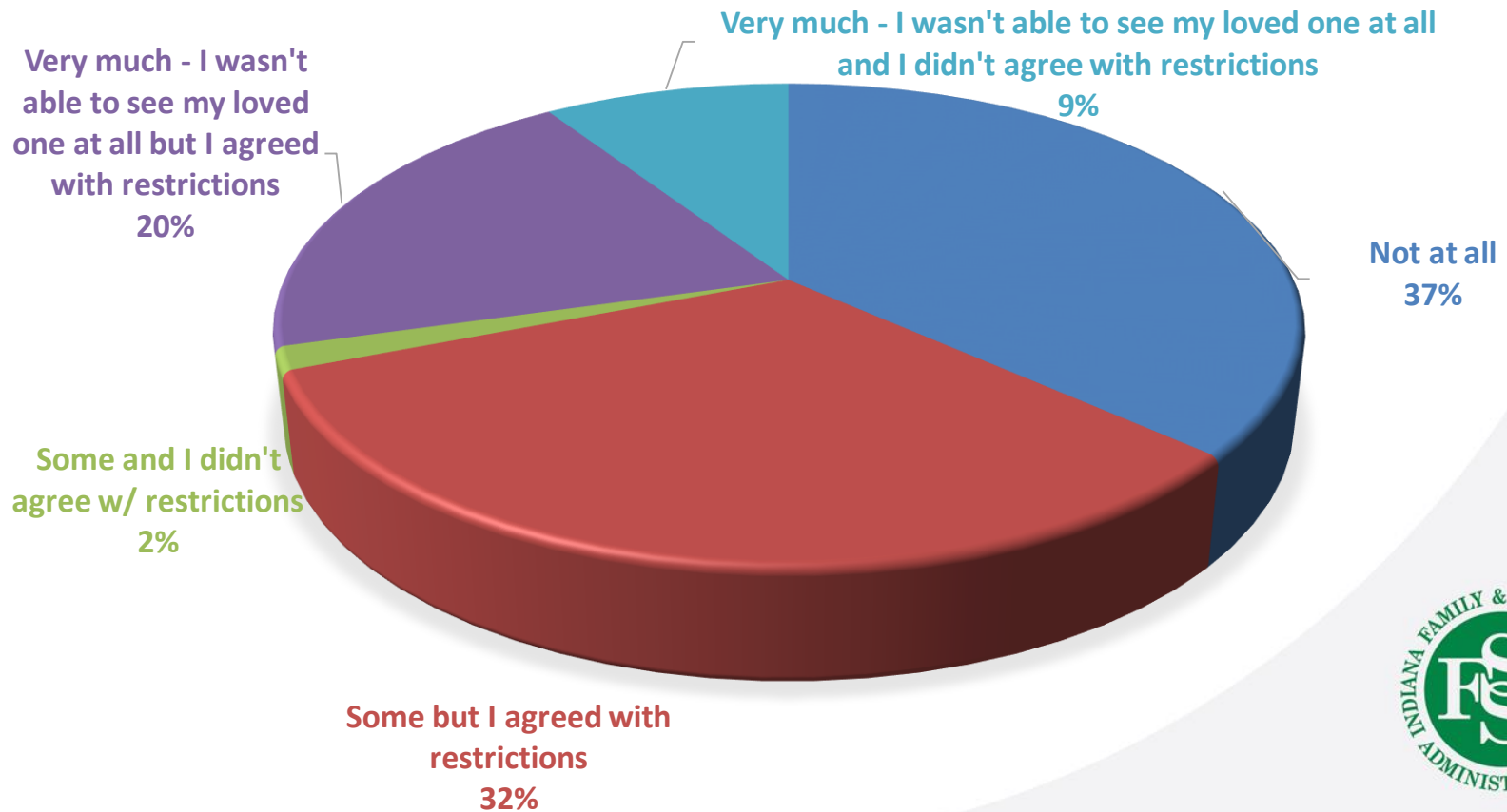
How would you rate the ability and willingness of your case manager to help you determine other methods of support when your traditional supports were not an option?





Individual & Family Survey-Waiver

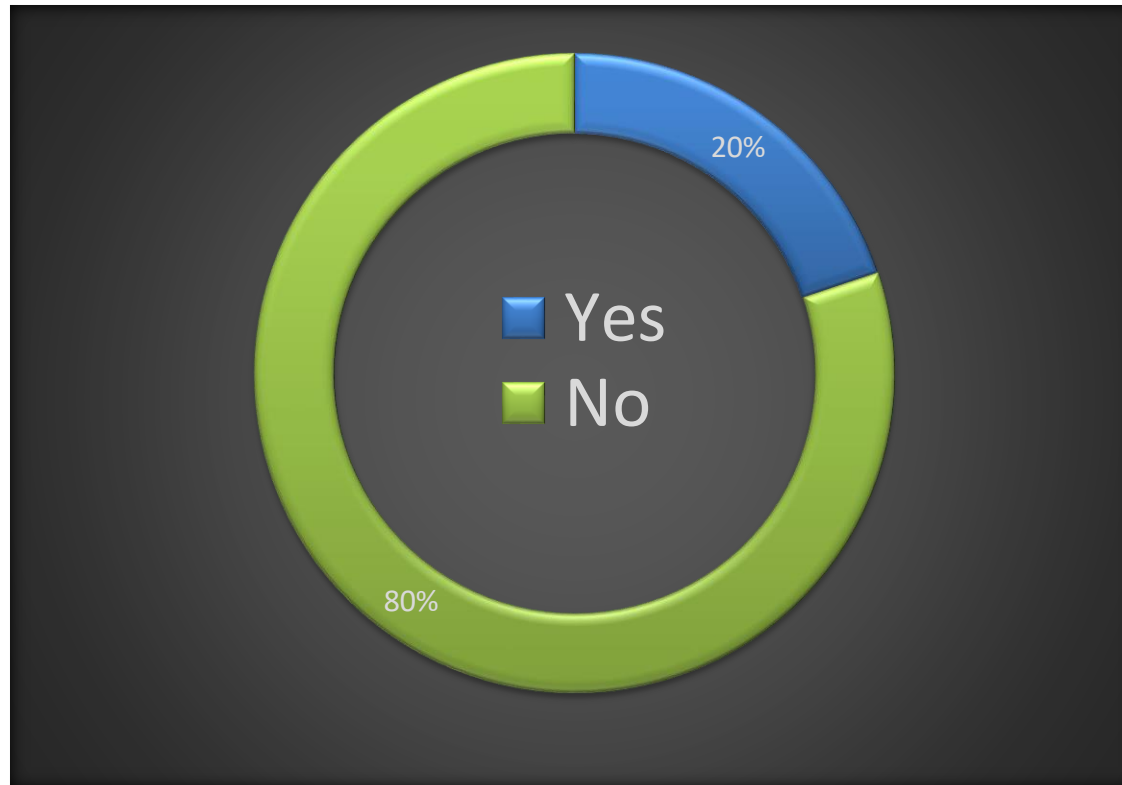
Were restrictions put in place within your home that impacted your ability to have visitors and/or participate in activities outside of the home?





Individual & Family Survey-Waiver

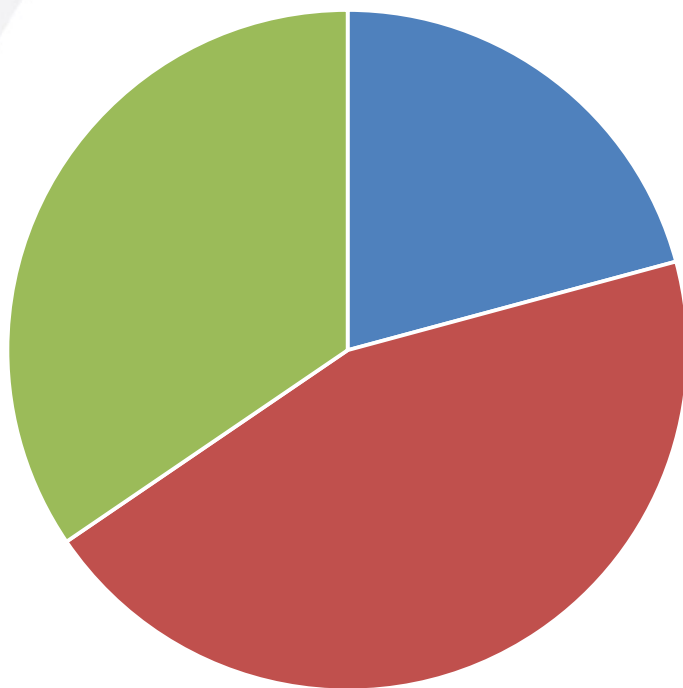
Were there other restrictions, modifications to services or changes in service delivery from your provider and/or case manager that you felt were not in your best interest?





Individual & Family Survey-Waiver

Overall, how did COVID-19 impact your ability to use your waiver services?



■ Not at all ■ Some ■ Very much

What is your overall satisfaction with your BDDS services during the COVID-19 health emergency?



Individual & Family Survey - Kudos & Positive Stories

- ✓ Our DSP set up a screened tent so our child could socially distance work with her outside but be safe from mosquitos.
- ✓ We are fortunate to have an outstanding and dedicated DSP ... especially during a period of quarantine.
- ✓ Case manager is awesome! She's always staying in touch by email/phone/Zoom, provides information in a timely way, and truly cares!!
- ✓ We have worked together as a team. I feel who I work with has done an excellent job accommodating due to the pandemic.
- ✓ All providers respected our choice of virtual or in-person services.





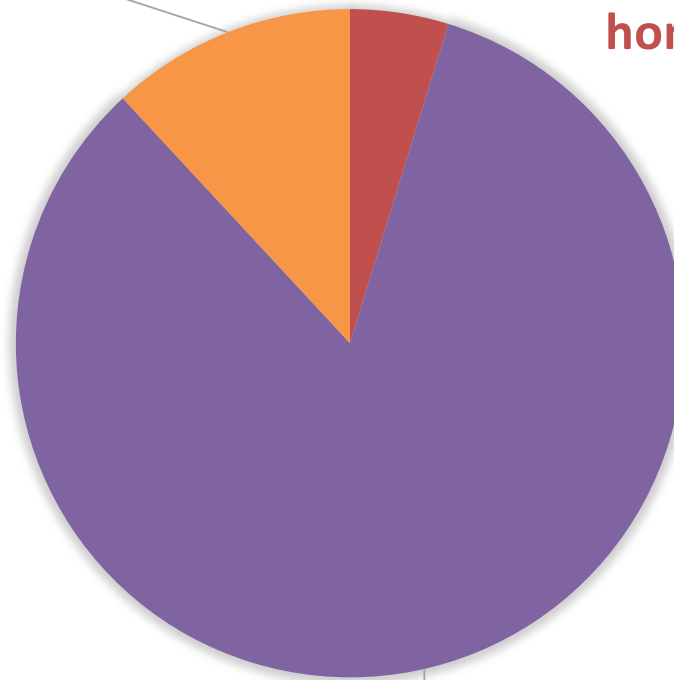
Individual & Family Survey-SGL

How has COVID-19 impacted your group home services?

43 Total Responses

Friend/Family/Natural
Support

Individual living in group
home



Parent/Guardian





Individual & Family Survey-SGL

How would you rate the ability & willingness of your group home provider to meet your specific needs?



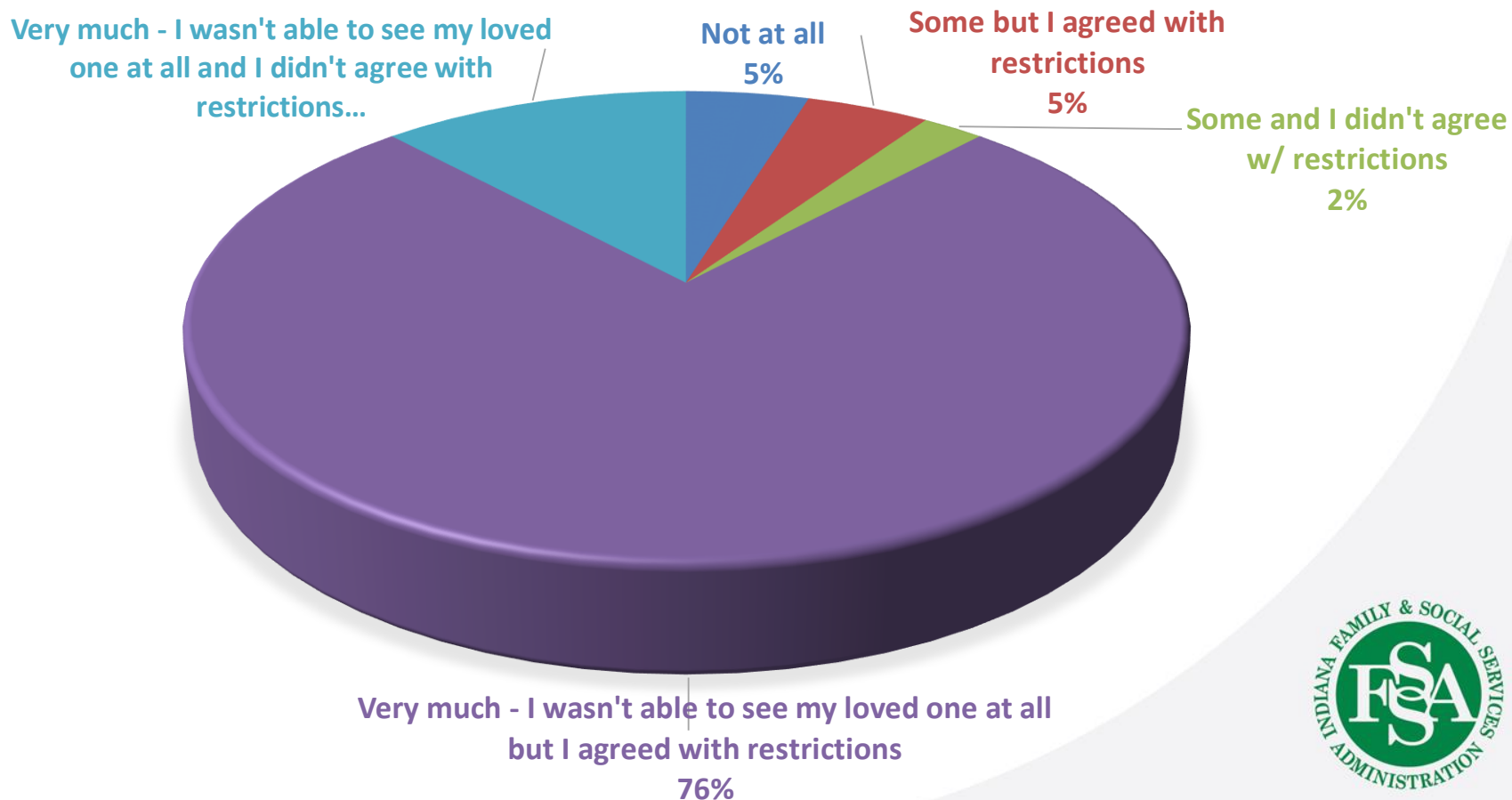
How would you rate the ability & willingness of your house manager to determine other methods of support when traditional supports were not an option?





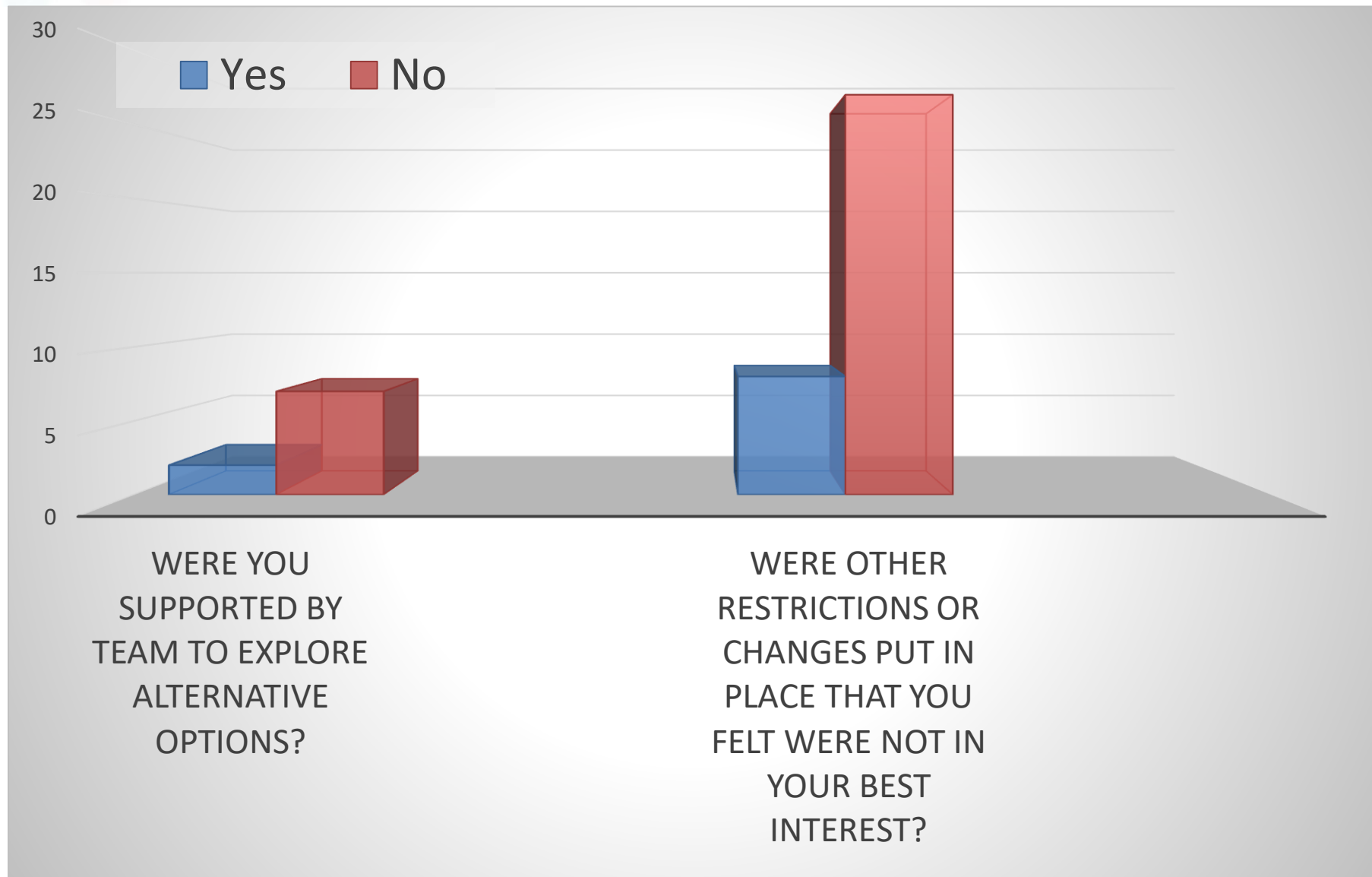
Individual & Family Survey-SGL

Were restrictions put in place that impacted your ability to have visitors and/or participate in activities outside of the home?





Individual & Family Survey-SGL



Individual & Family Survey - Kudos & Positive Stories

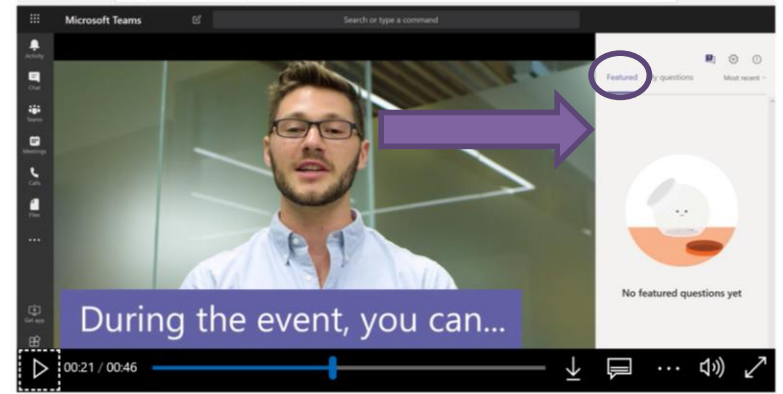
- ✓ My son wanted to make me a gift for Mother's Day. He found all the supplies online and had them shipped to the group home (with the help of his house manager and my mother-in-law). The staff helped him with the painting and encouraged him when he was finished. He did a beautiful job and was proud of his gift (a painted pallet for outdoors). We were allowed to pick it up on Mother's Day by meeting our son in the driveway and staying 6 feet away.
- ✓ Staff at house are training my family member to use her mask. I can tell this took a lot of effort as it was challenging and of much concern to us. We were pleased because we thought it was a hard thing to achieve.
- ✓ I was notified by phone calls and emails as well as postal mail regarding visitation policies. I was able to do video calls as necessary and outdoor visits when deemed safe.





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Scenario: Dave

Dave is 62 years old and has the CIH. Dave lives alone and has a history of heart disease and diabetes. He receives case management, RHS, behavior management and music therapy services on his plan. Since the public health emergency, all of his services except RHS have been conducted virtually. When his RHS staff are within his home they wear masks, practice social distancing, frequent hand washing and regularly disinfect surfaces. Dave doesn't agree with all the precautions and doesn't feel like it's as serious as people make it out to be but his staff continue to provide opportunities for Dave to learn and take the necessary precautions in an effort to stay healthy. During the past several months Dave's team has encouraged him to restrict visitors at his house and to not participate in community outings as additional precautions. Dave reluctantly agreed to having his services provided virtually and not having visitors to his home or going out.



Scenario: Dave

Over the last few weeks Dave has begun voicing his frustrations over his feelings of isolation. Dave watches a lot of news stations and always tunes into the governor's updates on COVID-19 and its impact on Indiana. When the state announced it would be moving into Stage 5, Dave immediately called his case manager with excitement and requested to start going out and having his other services resume in person. His case manager explained to Dave that she could schedule a team meeting where they could discuss resuming his other services in person, but it would not be able to happen within the next few days as she would need to coordinate everyone's schedule to meet. Dave was ok with this but reiterated he wanted the meeting as soon as possible.



Scenario: Dave

Dave's case manager was able to schedule the meeting the following week via a zoom call. Dave's behavior support provider, his music therapist as well as his RHS provider attended his team meeting. Dave's case manager opened the meeting by discussing the fact that Dave wished to resume his services in person and start going out of the house as soon as possible. She asked Dave to speak to the team and let them know what his wishes were. Dave told his team he was tired of doing his services through the computer and wanted to go back to how things were before all of this happened. Dave voiced his frustrations of how things had been going the last few months and how he didn't feel like his services should be virtual anymore. He also said he felt lonely and wanted to go back to his life before COVID. He said he wasn't sick and hadn't been and there was no reason to keep him from having his life like it used to be.



Scenario: Dave

Dave's case manager then asked his providers what they thought. Dave's RHS provider expressed concerns over Dave being potentially becoming exposed should the current precautions be lifted. They talked about Dave's history of heart disease and diabetes and Dave's reluctance to wearing a mask or practicing precautions within his house. They were concerned if Dave was to contract COVID-19, it could prove to be fatal. His music therapist and behavior therapist agreed. His case manager asked Dave if he understood all of the risks. Dave stated yes, he understood but still wished to not have these kind of "rules" in place anymore.

The team decides to revisit Dave's trajectory to outline his vision of a good life and identify experiences to get him there and the obstacles keeping him from achieving it.



Scenario: Dave

Vision for a good life: Dave likes living alone and he is very independent. Dave likes to get out of the house to do such things as grocery shopping, going to church and going to local thrift stores to browse. Dave enjoys watching the news daily and discussing things happening. Dave wants to make his own choices.

What he doesn't want: Dave doesn't want to be told what to do in his own home. Dave doesn't want to feel isolated anymore. Dave does not want people to ignore his feelings.

Experiences: Dave has lived on his own since his mother died 10 years ago. Dave and his mother were very close and when he began waiver services he developed close relationships with his behavior support specialist and his music therapist. He doesn't have many relatives or friends so he counts on these relationships to keep him feeling connected.



Scenario: Dave

After identifying Dave's good life the team utilized the integrated supports star to identify options so that Dave can resume in person services right away.

Strengths/Assets: Dave's a smart guy! He's also independent and motivated to get back to being around people. He is very social with the people he is close to. He loves to talk about what he hears on the nightly news and sees on social media.

Relationships: Dave does have one close friend from church he has been unable to see for the past several months. This person has been in his life for years and calls Dave every Sunday to catch up. Since his friend is considered a high risk, his friend does not go out of his house much either.

Technology: Dave has a home computer. Dave also has a smart phone which he enjoys scrolling through Facebook on.

Community: Dave has been a member of his church for the past 20 years. Dave has also lived in his home for the past 10 years.

Eligibility Specific: Case management, behavior management, music therapy and RHS.



Scenario: Dave

After going through all the risks and benefits, Dave decided going back to in person services and getting out of the house were important to him and he was willing to practice precautions in order to make this happen. Dave made an informed choice after being educated about the risks and benefits of doing so. His providers agreed to begin providing in person services while taking agreed upon precautions while in Dave's home and providing services. His RHS provider also agreed to resume community outings as they had provided before the public health emergency. With the current mask mandate, Dave knows in order to go to the grocery store or thrift stores he will have to wear a mask until the mandate is lifted. Noting that Indiana is now in Stage 5, his team is working with him to balance the protections around COVID with Dave's wants. Ultimately, Dave is the decision maker in how his services will be delivered and his team is there to support him in achieving his good life.



Scenario: ReeAnn

ReeAnn is a 25-year-old receiving Day Hab through the FSW. She lives at home with her Mom, Dad, and younger brother. ReeAnn's parents have continued to work throughout the pandemic and her younger brother has returned to in-person school full-time. ReeAnn's services returned to in-person services 2 weeks ago.

ReeAnn's case manager called her to touch base and see how things were going. During the call, the case manager learned that ReeAnn's dad had not been feeling well. The case manager asked about symptoms and if her father had been tested for COVID-19.

ReeAnn called her mom to the phone to talk with the case manager. Her mother explained that ReeAnn and her family believe their health and medical care are their private business. She told the case manager that she was not willing to share any information about her husband, his health, or anyone in the family's COVID-19 status.



Scenario: ReeAnn

The case manager acknowledged the family's desire to maintain their privacy and asked ReeAnn's mother if the family had concerns about ReeAnn's services being able to continue if they shared information about any family illness with possible COVID-19 exposure or infection. ReeAnn's mother stated that they were happy to have finally had her services resume two weeks ago and she doesn't think that she should have to share every cough/cold symptom that her family may or may not have. The case manager explained that there was no intent to gain private information but because of the pandemic and risks to spreading the virus from one family to another this is the type of information that she and the providers will have to ask until the public health emergency is no longer in effect.



Scenario: ReeAnn

The case manager shared that having symptoms, a possible exposure and/or a positive test are all things that she and the provider will have to consider when delivering services virtually or in person. The case manager further advised that it was up to the family on how much information to disclose but that a lack of information may result in the provider choosing to only provide services virtually based upon their policies. ReeAnn's mom again stated that she would not disclose any information regarding her husband's health. The case manager asked if ReeAnn would be willing to have a COVID-19 test and her mom said they would not be undergoing COVID-19 testing.



Scenario: ReeAnn

The case manager respected the family's decision and inquired about having a virtual meeting with the team to discuss the current situation and inquire if the provider had any questions or concerns. ReeAnn's mother became frustrated and said she would not be meeting with the team regarding private medical matters. The case manager empathized with ReeAnn and her mother and acknowledged that this is a tough situation where everyone is just ready to get back to life before COVID.

The case manager asked if she could send ReeAnn and her family some resources regarding HCBS services and the public health emergency. ReeAnn was in agreement to having information sent to her and her family.



Scenario: ReeAnn

The case manager also explained that she has an ethical obligation to share with the day hab provider that someone in the home isn't feeling well and that the family is not comfortable sharing their COVID-19 status. The case manager explained that she has to do this as a matter of public health because that staff member has their own family, friends, coworkers and potentially other families utilizing waiver services that could be at risk if exposed to COVID-19. Further the case manager explained that if ReeAnn and her mother were comfortable sharing how they are minimizing the risk of the virus spreading within the home, the case manager could relay that information to the provider. Being able to give the provider that information may prove to be important information for the provider to determine if they feel their services will be impacted by the father's recent illness.



Scenario: ReeAnn

ReeAnn's mother said that they do not wear masks in the home but that she is wiping down common surfaces frequently and ReeAnn's dad is staying in his room. ReeAnn's parents practice good hand hygiene but ReeAnn and her brother are not as good with this.

The case manager thanked ReeAnn and her mother for the information and asked if they needed anything else from her. ReeAnn and her mom said that they were doing okay for now.



Scenario: ReeAnn

Following this conversation the case manager contacted ReeAnn's Day Hab provider to discuss the situation. The Day Hab provider explained their policy to the case manager which dictates that unless it is determined that ReeAnn's dad does NOT have COVID, they will hold off on providing in-person supports until 14 days have passed with ReeAnn being symptom free as a precaution.

The Day Hab provider contacted ReeAnn and her mom and explained their policies around the public health emergency. The provider offered to provide some support virtually for the next two weeks if desired but noted that they would not be able to offer in-person supports until 14 days have passed with ReeAnn being symptom free. ReeAnn and her mother were disappointed but were willing to participate in virtual services for the next 14 days.



Scenario: ReeAnn

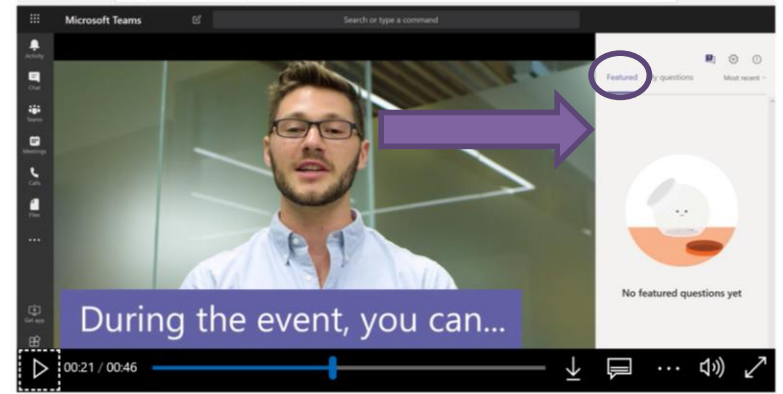
The case manager also emailed ReeAnn and her mom guidance issued by DDRS\BDDS on recommendations and policies for COVID-19 and HCBS services. In addition the case manager sent links to the ISDH and CDC COVI-19 sites and resources. After 14 days have passed, the case manager will reach back out ReeAnn and her family to get an update on their health and services.





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- The Next BDDS Meeting for Case Managers and Providers is scheduled for **October 21st** from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement.
- BDDS / BQIS Questions:
BQIS.Help@fssa.in.gov

